

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
10/578602
Applicant

Filing Date

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
4								54					
5								55					
6								56					
7	1							57					
8								58					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.		2						TOTAL DEP.					
TOTAL CLAMS	1	1	1	1	1	1		TOTAL CLAMS	1	1	1	1	1